



Simon Arnold & White

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PART B - FEE(S) TRANSMITTAL

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2580 12/12/2003 HOWREY LLP ATTORNEYS AT LAW 750 Bering Drive Houston, TX 77057-2198

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Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Signature: Mark L. Gleason (Depositor's name) Date: 3/5/04

Table with 5 columns: APPLICATION NO., FILING DATE, FIRST NAMED INVENTOR, ATTORNEY DOCKET NO., CONFIRMATION NO. Values: 10055818, 10/25/2001, Kylan D. Doun, 11564.0028.NPUS02 (LIRE.0), 9530

TITLE OF INVENTION: UPS CABINET AND METHOD OF ASSEMBLY

Table with 6 columns: APPL. TYPE, SMALL ENTITY, ISSUE FEE, PUBLICATION FEE, TOTAL FEE(S) DUE, DATE DUE. Values: nonprovisional, YES NO, \$65 1330, \$300, \$65 1,630, 03/12/2004

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents, if no name is listed, no name will be printed.

3. ASSIGNOR NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNOR: Liebert Corporation (B) RESIDENCE (CITY AND STATE OR COUNTRY): 1050 Dearborn Drive Columbus, OH 43229

Please check the appropriate assignee category or categories (will not be printed on the patent); individual [X] corporation or other private group entity [] government 4a. The following fee(s) are enclosed: [X] Issue Fee [X] Publication Fee [] Advance Order - # of Copies 4b. Payment of Fee(s): [] A check in the amount of the fee(s) is enclosed. [] Payment by credit card. Form PTO-2038 is attached. [X] The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-2508/11564.0028.NPUS02 (enclose an extra copy of this form).

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Table with 2 columns: Fee Type, Amount. Values: 03/08/2004 AMONDAF2 00000014 012508 10055818, 01 FC:1501 1330.00 DA, 02 FC:1504 300.00 DA